

An Essay On

Diagnosis of Thoracic Diseases.

Respectfully Submitted to the Faculty
of the

Homoeopathic Medical College of
Pennsylvania.

For the Degree of Doctor of Medicine.

By
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of New Jersey.

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In petitioning for the degree of
Doctor of Medicine, to the very
worthy Faculty of the Homoeopathic
Medical College of Pennsylvania,
it cannot be expected that I
would be able to present any
new facts connected with our
beloved science. My studies hitherto
have been confined principally to
the primary principals of our
science, and my opportunities of
observation and investigation has
been comparatively speaking limited.
I have taken the initiatory steps
under your very able instructions,
and have been introduced to a
field of investigation, which is
boundless in its extent, and
happy, and honorable in its results.

The more I observe the practice effects of the law "*Similia Similibus Curantur*", as applied to the cure of all diseases, the more I am impressed with its perfect adaptation to accomplish the end proposed. And that I may do something towards adorning, and embellishing the great temple of Medical science, whose foundations was laid by the immortal Hahnemann, and his collaborators, shall be one of the loftiest purposes of my life.

The subject I have chosen as the theme of my essay, is the diagnostic signs of diseases of the Thorax; affections which are not only stealthful and inveterate in their

character, but are formidable in their results. Hence the great importance of understanding the origin and nature of these diseases will be evident, when we consider the great proportion of diseases of this class, that go to swell the aggregate of human suffering. In ascertaining the origin and nature of these diseases, I have arranged them under three distinct heads.

First, General or Constitutional Symptoms.

Secondly, Rational Symptoms.

Thirdly, Physical signs or symptoms.

First, General or Constitutional Symptoms.

One of the most important of this class is the existence of fever, made manifest by a hot and dry skin, the heat being generally

preceded by a chill, or a sense of chillings, or coldness; a disturbed state of the pulse, a full, hard, bounding, or otherwise; a dry mouth, and thirst, and generally a coated tongue &c. Again, the particular kind of fever that is present is an important guide, for instance, in different species of affections, different degrees of fever will exist; as, in ordinary inflammation of the bronchial membranes, but little fever will be present, and this generally subsides in a very short time, while in Pneumonia there is increased febrile excitement, with pain in the chest, cough, rusty expectoration and dyspnoea. In inflammation of the Pleura, the

fever is far more severe than in either of the preceding diseases.

Again, the fever will not assume the same character; sometimes it is the kind denominated continuous fever, where the chills which usher it in after a day or two subside, it then continues without intermission until the convalescence of the patient. This kind of fever is generally found accompanying active inflammation of the chest, sometimes in Bronchitis, but more particularly in Pneumonia and Pleurisy.

Again, sometimes there is very irregular form of fever, with more or less of chills during the day, followed at night by heat of

skin, and towards morning subsiding into a profuse perspiration; this is termed Hectic fever, and indicates suppuration in the lungs, or augmented irritation.

Again, in tubercular difficulties there is inaction and loss of strength, while in bronchitis these do not exist. Therefore the symptoms are of vast importance in establishing a correct diagnosis in thoracic diseases.

We now come to the second class of symptoms, which differ from the constitutional ones; these are the Rational Symptoms, perversion of the healthy or physiological action of the Thoracic organs.

Among the most prominent of

There is Cough. In examining our patient we should inquire into the origin, character, duration and intensity of the cough; into the character of the expectoration accompanying the cough; whether it is easy or difficult, slimy, purulent, or bloody; into the accompanying pains and the general phenomena of constitutional disturbance. A cough without any symptoms of constitutional disturbance, may be a simple catarrhal irritation of the lining membrane of the air passages of the lungs. If accompanied by fever, oppression, acute aching pain in the chest, either at one spot, or all over

the chest; congestion is evidently present. If these symptoms are accompanied by bloody expectoration, we may infer that there is inflammation. An expectoration of pus with the cough may either be owing to suppuration of the mucous membrane, or the presence of an abscess; if to the latter, the pain and the expectoration are distinctly traceable to this disorganization. Among other rational symptoms we may include respiratory movements of the chest. In congestion and inflammation of the lungs, the breathing is of course impeded, sometimes accompanied with great agony. In organic

diseases of the lungs, the breathing is short and superficial, and the pulse correspondingly accelerated. In other affections the respiration instead of becoming accelerated becomes irregular, this generally is connected with a low and exhausted state of the system, as, in Typhoid fever; also in Hysteria, when it is sometimes much slower than usual, and at others much more rapid. Where there is irregularity in the respiration, the general inference to be deduced is, that there does not exist any serious disease of the lungs; for were there any permanent cause present to

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affect the respiration, of course
the effect would be permanent.

We now come to the third class
of symptoms, which are equally
as important as the previous ones.
These are denominated the Physical
signs, and are explained
by Physical Laws alone.

In examining a patient we should
pay particular attention to the
condition of the chest, to observe
if there are any changes of shape
to be discovered in these parts.
This is very important for we
may find one side larger than
the other, which is indicative
of an accumulation of fluid
there; or if one side be unnatur-
ally small, it may be owing

to previous Pleurisy in which the effusion has been absorbed and the side become contracted, owing to the adhesion that binds down the lung. Again, in Emphysema, a part may project in consequence of the dilatation of the lung, so an effusion into the pericardium may cause bulging. From the artificial course of life that is pursued in Cities, we will find that among those that reside in them few have symmetrical chests, they generally have a bulging about the precordia, and sometimes a slight curvature of the spine. These deformities most of them are the effects of habits, which will not be considered by us

at the present time. The most marked cases where these deformities are present, are in Rickets, where where there is still no pulmonary trouble. One way of distinguishing these deformities from those caused by internal pressure, is, where the bulging is produced by curvature of the spine, the intercostal spaces are depressed, but where it is produced by disease from within, they are dilated above the ribs. This is a reasonable mode of distinguishing these different deformities.

Another Physical sign connected with the chest, is the elasticity of its parietes. This varies at different periods of life;

it is greater in youth than in old age, when the cartilage has become more ossified and of course less yielding. The nature of the elasticity of the chest, is only to be recognized by long practice, and to determine it we resort to percussion. The chest being filled with air and having elastic parietes, will of course resound on percussion.

The best mode of percussion is, place the first two fingers of the left hand on the chest, percussing with the first two of the right hand. This mode will give a perfect idea of the elasticity of the walls of the chest, and of the internal

viscera. A clear sound cannot be drawn from the chest by force, it is to be obtained by a smart sharp tap, by moving the wrist only, while the shoulder remains fixed. No two chests sounds precisely alike, and the best guide to the Physician is, the comparing of sounds with the opposite portion of the chest. Thus two chests may differ; yet the opposite spots on the same chest, must if healthy give similar sounds. If on one side we perceive a dull sound, and on the other a clear strong one, it is indicative of disease. Another important consideration is the

circumstances modifying the sound. First, The degree of fat that may be present. This is an unelastic body and does not readily transmit sound. Secondly, The thickness of muscular substance that may intervene. The thicker the muscle, the less sound will be perceived on percussion. Thirdly, Due allowance must be made for the modification produced by organs that are found in one side of the body, and not in the other. Again, the form of transmitting sound in muscular tissue depends very much on its degree of tension; when relaxed it is a very indifferent conductor, while when tense

it becomes a tolerable good one.
It is necessary to be very exact
in these examinations, and for
this purpose we would observe
the following rules. 1st, To
percuss moderately and equally.
2nd, To make the muscles of
both sides equally tense.
3^d, Always to compare the sounds
of the opposite side of the
chest. Another mode of diagnosing
diseases of the Thorax, is by
Auscultation, by means of the
ear or instrument, by which
we are enabled to distinguish
the different sounds which can
be heard in the chest, and is
of great advantage in the diagnosis
of diseases of the heart

and lungs. A wheezing or whistling sound may indicate a spasmodic condition of the air passages, and a tension condition of the lining membrane. A crepitating or crackling sound is indicative of effusion into the air cells, and is likewise produced by the passage of the air through the exsuded substance. The condition of the chest is likewise revealed by the sounds of the heart, in conjunction, of course, with the subjective symptoms, such as pain, and the like. Now let us see what we would expect to find in the abnormal condition of the chest, during a few of the many diseases to

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which it is liable. And first,
in Pneumonia. This is an in-
flammatory disease involving
the substance of the lungs.
The first symptoms are a sense
of coldness, or a well marked
chill, followed by heat and
inflammatory reaction, prostration
of strength &c. Its rational
signs are, pain in the chest,
cough, and dyspnoea. The pain
is the result of a concomitant
inflammation of the pleura,
this is referable to one spot
just over the nipple, it is
increased by a full inspiration,
feeling as if a knife were thrust
into the side, and increased by
pressure. There is more or less

cough, this is to be expected, as Bronchitis usually is the concomitant of pneumonia. The cough is suppressed and painful, because it cannot take place without putting the pleura on the stretch. But in simple bronchitis, the cough is loud and ringing. Another symptom is, Dyspnoea. This is easily explained, breathing is for the purpose of oxygenating the blood; if the air cannot enter the lungs in due quantity, or if the blood is propelled through the lungs with unusual rapidity, the necessity for rapid oxygenation, and of full, and rapid breathing increases. The difficulty will

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increase, as the disease progresses inspiration is imperfectly performed, in consequence of increase of pain which an attempt to fill the lungs creates, and hence the breathing becomes short and more frequent. If we examine the chest in the region of the pain, we will have a dullness on percussion; this is because the air does not enter freely into the lungs. If the patient should take a long inspiration, a crepitating rattle will be heard towards the close of the inspiration: this indicates inflammatory congestion of the lungs, and of course there will be more or less condensation.

As the disease advances the expiration, which in health is quite short, now becomes prolonged, until finally it is as distinct as the inspiration; both the respiratory sounds become harsh, losing the vesicular character, and finally assuming the dry blowing sound of bronchial respiration, which are infallible symptoms. Another symptom of Pneumonia, is, Expectoration. This is usually of a vesicular character; lumpy, and extremely tenacious mucus, of various shades of color, often of a dingy brick red, or rusty hue, which often changes into a more purulent or brown fluid, and in

the later stages of the disease, into a white or yellow matter, streaked with blood, and less tenacious in its consistence.

Very closely allied to, and often complicated with Pneumonia, we have Pleurisy. This consists strictly of an inflammation of the pleura, with a disposition to the effusion of plastic lymph, filling up the cavity of the thorax, and often producing consumption of the lungs. It is attended with fever, pain in the side, cough, and dyspnoea, dullness on percussion according to the extent of the disease. Some of the differences between pleurisy and pneumonia, are,

in the former, the cough is commonly dry, the pain acute and superficial, increased by percussion, inspiration, and coughing.

In pneumonia, on the contrary, the cough is moist, the pain deep-seated, and obtuse; with a sense of suffocation, and decided oppression.

In pleurisy we seldom see blood mixed with the expectoration. In pneumonia it is very common, and the expectoration is profuse.

In pleurisy respiration is very indistinct, but sometimes the friction between the pleura may be heard. In pneumonia the respiration is loud, and labored, with symptoms of extreme suffering.

There are also diseases of the Heart, to which we have merely alluded, which ought to claim a considerable share of our attention: Considering the intimate relation which this organ sustains to the human economy, a knowledge of its diseases, and their external manifestations, become of the very first importance to us.

For instance, in Rheumatism of the heart, or Rheumatic Endocarditis. In rheumatic inflammation of the heart the muscular tissue of the heart may be alone affected, in most cases however, the valves of the heart are likewise involved. One of the leading symptoms of rheumatic endocarditis is violent

palpitation of the heart, which is heard over a large surface. On applying the ear to the chest, or listening through the stethoscope, we hear a peculiar crepitating murmur which accompanies the violent contraction of the heart. If the valvular apparatus is involved in the inflammation, we hear a bellows murmur in the region where the valves of the aorta and left auricle are situated. The fever which accompanies this disease, is not always very violent; but as a general rule, synochial or septic fever is present; and the rhythm between the beats of the heart and the pulsations in the extremities is interrupted.

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Other phenomena which are always present in inflammation of the heart, are, oppression of breathing which sometimes increases to perfect apnoea; irregularity in the movements of the heart, at times it beats with great force, at other times the beats of the heart are scarcely perceptible; the patient is oppressed with a feeling of anguish which makes him exceedingly restless, and may even induce fainting. Thus we might go on to an indefinite length, and give the distinct characteristics of other diseases; for they exist in great variety, all marked by some external symptoms by which

they can be distinguished and analyzed, but still running into each other in such insensible gradations, that it requires the nicest discrimination to unravel the mysteries of these diseases in all of their complicated forms.

Now, if, as I believe it is true, that nature in her boundless alchemy, has a specific Homoeopathic remedy for every organ, tissue, and fibre of the human economy; that all diseases if treated in time, and strictly Homoeopathically, may be controlled, and our fellow beings may live to a good old age, and finally decay and die, as all

things in this world must ac-
 cording to the laws of nature,
 from the effects of waste and
 wear of tissue; that our merciful
 Father does not cut down the
 young before they have come to
 years of maturity, or blight
 the hopes, and expectations of our
 fellow men, in the prime of life,
 by death, by any decree of his,
 but, that he permits certain
 laws to exist, and if those
 laws are violated by us, the
 inherent receptivity of our or-
 ganisms to disease is foun-
 ded, disease is established,
 and if not counteracted by
 a Homoeopathic remedy, we
 must sooner or later suffer

the penalty of death.

With this view, I have some
idea of the vastness of the
field of investigation that is
spread out before me, and
into which I hope I may
soon be permitted to enter.

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